FOR INSTRUCTIONS, SEE BACK OF FORM	_ W BAR		FORM	
DISCLOSURE SUMMARY PAG	A ETHICO AND	7	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization	可以に対けるい こうかいぜんかんしん		(Rev. 12/2005)	REPORT
IMPORTANT: Indicate by # type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2)  (4) County Central Committee (5) County Candidate (6) City Candidate (10) Political Subdivision Candidate (10) County PAC (10) Subdivision PAC (11) Local Ballot Issue  CANDIDATE COMMITTEES ONLY:	ate (7) School Board or Other			1488
Candidate Name	Political Party (if applicable)		F1 ***	
BRUCE HUNTER	DEMOCRAT		File with: lowa Ethics and	Campaign
Office Sought	District (if Senate or House)	-	Disclosure Boar	d
ItousE of REDIESENTATIVE	(02		510 E. 12 <sup>th</sup> , Ste. Des Moines, low	
Late reports are subject to possible civil and criminal penalties. Pursui		32A(7)	Fax: 515-281-37	701
the candidate, for a candidate's committee, and the chairperson, for a individual responsible for filing timely and accurate reports.	ny other type of committee, is t	the	_	1-100
SIGNATURE OF PERSON FILING REPORT	515 256 - 9	8010		18108
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE \$	GNED \
I AM FILING A MAY 19, 2008 (report date)	REPORT FOR (1) ELECTION /(		L <b>ECTION</b> YEAR.	
CHECK IF AMENDMENT TO REPORT DATED		Local Co	ommittees, enter D	ate of Election
Check if this is final (termination) report and attach Notice of Dissolu (You must continue to file reports until a DR-3 is filed.)	ution Form DR-3.	No	V. 4, 20 & Local Committee lection is held	08
STATEMENT	OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total of all committee. This amount MUST be the same as the cash on of the last reporting period or must be zero if this is first reporting.)	funds held by the hand at the end		5.5	15.68
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedule A) (	*also see in-kind below)	•••••	57	5.00
Schedule F: Loans Received total (Attach Schedule F)			-0"	-
Schedule H: Total Sales of Campaign Property (Attach Sche	dule H)		-0	
(Schedule H applies to Candidates' Committe	es Only)			
	SURTOTAL		· CAS	W 68

## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of	of Organization)
Committee To Elect BRUCE	Hunter

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/04/08	CK#4570000)44	Allied GROUP +FARMAND PAC 1100 Locusts, IA. 50391	HONE	\$250,00	
1/7/08	CK# 1418	Great Plains LABORERS 5806 Merideth DR. DESMOINES, IA. 50322	NONE	300.00	
1/3/08	ID# 6078 ск# 1688	TOWA Physical Therapy 8355 University Blud. J Clive, IA. 50325	Nove	32,00	
	ID# CK#				
<del></del>			SUB-TOTAL	-E75 00	!

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_

FOR INSTRUCTIONS, SEE BACK OF FORM

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PUMPE	PCS2-bed uniquenous services and a service service and
\$3250	
9.5	Frankling of Frankling and Add
35%	医人名马特 觸 好了一百年人感恩
10,0302	STS CONFESCIONARY AND SAFETY THE PARTY AND THE

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

ÇOMMITTEE NAM	E (Must be same as	on Statement of	Organization)	
Committee	E (Must be same as	Roune	Hundan	

LIMMO	IRE 10 EI	ECT DRUCE MUNTER	<u> </u>	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/9/08	ck# 1245	South DM Chamber	HOUSE RECEPTION	\$80,00
4/24/08	ck# 1246	legislative fast office	Postage	205.00
3/31/08	ID# CK# \Q47	South DM Post Office	Postage	164:00
3/31/08	1048	TA HOUSE TRUMAN FUND 566   FIEUR DR. DES MOINES IA. 5032	Retirement Banquet	100.00
2/5/08	ck#1250	Polk Gy DEMOCRAS	Contribution	250.00
2/1/08	1991	IOWA DEMOCRATIC PARty	VAN	1,000.00
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	\$ 799 00

TOTAL (if last page of this schedule)

\$1799.00

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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